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ABSTRACT

The refugee experience--migrating against one's will--is a source of immense psychological stress. This paper therefore draws on empirical findings and theoretical discussions from the psychological, psychiatric, nursing, social work, sociological, and anthropological literature in order to identify the major stressors encountered in the experience of refugees before, during, and after their flight from their native lands. Accordingly, after a background discussion of the global refugee phenomenon and a review of the literature, the refugee experience is divided into three task-defined periods. The first occurs prior to flight, when refugees bear both the stressors that lead to their decision to flee, and the difficulties associated with making the actual decision. The second, the period of flight, occurs between the onset of flight and actual resettlement--often involving years of waiting and frustration. The greater part of the paper is devoted to the third period of resettlement, and portrays stressors associated with familial discord, occupational concerns, cultural barriers, and mental health difficulties. Specific stressors associated with refugee women and children are then discussed, and concluding remarks touch upon lessons to be learned and thoughts about the future. A bibliography of over 100 references is included. (TE)

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Issues in the Psycho-social Adjustment of Refugees

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Table of Contents

Introduction 3
Antecedents of Flight 10
The Period of Flight 13
The Process of Resettlement 18
    Introduction 18
    Stages and Types of Adjustment 23
    Familial Stressors 28
    Occupational Concerns 34
    Cultural Barriers 40
    Mental Health 46
Special Groups 50
    Introduction 50
    Women 52
    Children 56
Concluding Remarks 65
References 67

Issues in the Psycho-social Adjustment of Refugees

The decision to uproot and leave one's country is one of the most difficult decisions a person can make over the course of his or her life. When it stems from the conclusion that life is no longer bearable, or even possible, in one's homeland, it becomes an involuntary decision in that, by definition, one sees no other alternative. Over the years of human social existence this very conclusion has been reached by millions of suffering groups and individuals. This paper represents an attempt to identify the psycho-social consequences of migrating against one's will. It is intended to familiarize the reader with the major stressors encountered in the process of becoming, and then being, a refugee, based on empirical findings and theoretical discussions that were collected from the psychological, psychiatric, nursing, social work, sociological and anthropological literature. Any attempt to integrate such a diverse body of knowledge is doomed to fail if it is not conducted within a clearly defined theoretical framework or model. In this paper, the refugee experience will be viewed as a source of immense psychological stress, and an attempt will be made to identify common stressors that are experienced by refugees before, during, and after their flight from their native lands.

As mentioned, refugees are a global phenomenon. In recent times they have included survivors of World War II, opponents of left and right-wing dictatorships, victims of war in the Middle East, Africa, South America and Asia, victims of religious oppression and many more. They come from diverse cultures and for different reasons yet, as will be shown below, they often experience similar fates. This was pointed out almost four decades ago by Pedersen (1949) and Tyhurst (1951) who wrote on the plight of World War II refugees. Though these authors identified a major proportion of the stressors that will be discussed in this paper, it seems that every time a new wave of refugees hits our shores these common stressors need to be rediscovered. The most recent such waves are those of the Southeast Asian (SEA) refugees who fled their homes in the aftermath of the Vietnam War, and the Cubans and Haitians who arrived during the Mariel crisis. Over 670,000 SEA refugees have resettled in the United States in the recent past (Strand & Jones, 1985). They have been studied more than any other group in the past, consequently, they will be the subjects in a major proportion of the studies reviewed in this paper. The degree of correspondence between the findings in studies conducted with SEA refugees and those reported by Pedersen (1949) and Tyhurst (1951) on World War II refugees indicates a high degree of cross-cultural and cross-temporal similarity in the stressors associated with being a refugee. In reviewing the literature on

psychopathology and social disruption in refugees, Lin (1986) notes that over the last 40 years observations made by researchers and clinicians alike have consistently indicated that despite significant background differences most refugees encounter similar kinds of adaptational difficulties and thus tend to develop similar problems. Stein (1986) also concluded that certain consistencies can be observed in the refugee experience and behavior. In a different paper, Stein (1981a) illustrates this claim by pointing out similarities between Soviet Jewish and SEA refugees. In light of these similarities, it seems justified to assume that most of the findings regarding SEA refugees are equally relevant for other populations.

Though it appears to be the case that there is a significant degree of consistency in the refugee experience, group (macro) and individual (micro) differences should not be ignored. On the macro level people may leave their countries for different reasons. For example some groups have left due to the physical dangers of war whereas others have fled as a result of ideological and/or religious oppression but were not subject to physical threat. Political differences on the macro level may also underlie group differences. Guendelman (1981) discusses the adjustment of refugees from Chile and Argentina who settled in San Francisco. Though they experienced many of the stressors encountered by all refugees, they had to deal with two additional difficulties: the nature of the migration laws in the United

States is such that it is more difficult for victims of right-wing dictatorships to receive asylum in this country; and since most of these refugees were leftists in their political orientation they had difficulties adapting to a capitalistic and individualistic society. There may also be group differences within the same population of refugees. Berthold (1976) made the following observations on class differences in one group of refugees:

> Within and without the refugee camps, Vietnamese citizens have treated each other with a type of prejudice. Servants or wives of American GI's are at the bottom of society; Vietnamese military slightly higher; civil servants without much power or money are higher; and the culturally and economically advantaged, at the top (p. 541).

Such class differences are likely to result in a certain degree of dissimilarity in the refugee experiences for the various groups. Cross-national differences have also been noted among SEA refugees. For example, Aylesworth and Ossorio (1983) conducted a comprehensive needs assessment with Vietnamese, Hmong and Cambodians living in the Denver-Boulder area and found significant differences among the three groups in their histories, transitional experiences, basic human needs, frustration levels and negative psychological effects. Writing on the differences between East-European and Southeast Asian

refugees in the United States, Stein (1986) notes that the key difference between these two groups is that the latter are "culturally, racially, and ethnically vastly different from their hosts, they come from less-developed countries... and they are likely to lack kin, potential support groups, in their country of resettlement" (p.13). These examples highlight the existence of important group differences. In addition, on the micro level, individual temperament and experiential differences clearly exist within all groups of refugees. Yet despite these important differences there are common processes and experiences that transcend individual, national and cultural bounds.

Several authors have attempted to define the unique characteristics of refugees. Tyhurst (1951) identified motivation to emigrate as one of the key differences between pre- World War II immigrants and post-war refugees. Along the same lines, Berry (1986) made the following observations:

> ... unlike immigrants, there is often very little voluntary or choice behavior involved; unlike indigenous or native persons, there is no established territory or ... culture to support the individual. If we assume that acculturation is generally stressful, and if we further assume that undesired or unsupported change is even more so, then refugees may experience more challenges to their mental health than any other person undergoing acculturation (p. 25).

Writing specifically on SEA refugees, Nicassio (1985) notes that "... it is of primary importance to realize that the Southeast Asians are involuntary migrants who emigrated out of fear and not from a rational desire to resettle elsewhere" (p.154). From a more theoretical perspective, Kunz (1973) discussed refugees' flight in terms of a kinetic model in which migration results from "push factors" that force the refugee away from his or her homeland. In contrast, voluntary immigrants who are motivated by "pull factors". These are factors in the country of resettlement that are appealing to the immigrant and thus draw him or her to emigrate. Thus, a major commonality shared by all refugees is that their decision to leave their homeland was based on intolerable conditions in their countries of origin, rather than the lure of a better life in some other country.

Refugees also share a lack of familiarity with customs and practices in their countries of resettlement. One domain in which such difficulties have surfaced is that of health care. Wheat, Brownstein and Kvitash (1983) describe difficulties in providing medical care for newly arrived Soviet Jews who, as the result of their experiences with the Soviet health care system, are unaware of the importance of keeping appointments and employ persistent complaining and dramatization as means for obtaining medical attention. Similarly, a lack of familiarity on the part of American health care providers with the SEA folk-medicine practice of Cao Gio, in which a coin is rubbed on the skin until

bruises form, led to unfounded accusations of child abuse and resulted in numerous articles in professional journals in an attempt to convey the therapeutic intent underlying this practice (e.g. Feldman, 1984; Gellis & Feingold, 1976; Golden & Duster, 1977; Levin & Levin, 1982; Primosch & Young, 1980; Sandler & Haynes, 1978; Yeatman, Shaw, Barlow & Bartlett, 1976; Yeatman & Viet, 1980). These two examples illustrate the existence of both commonalities and differences in the refugee experiences. While both groups encounter difficulties adjusting to American health care practices, each group's difficulties stem from the unique characteristics of its culture. Attempts to familiarize service providers with such specific cultural "peculiarities" (e.g. Mary, 1981; Santopietro & Lynch, 1981) should be encouraged.

This paper is intended to provide a comprehensive summary of the major stressors commonly experienced by refugees. As such, it is aimed toward anyone coming into professional contact with this population, with the purpose of conveying as full as possible a picture of the stressors with which refugees are forced to cope. The refugee experience will be divided into three task-defined periods. The first occurs prior to flight, when refugees bear both the stressors that lead to their decision to flee, and the difficulties associated with making the actual decision. The second period, the period of flight, is defined as the time between the onset of flight and final resettlement in a new and <u>permanent</u> homeland. For some, this may be a relatively short

period of time; for many others, it may involve years of waiting and frustration in refugee camps. The majority of this paper will be devoted to the third period, the period of resettlement. In this section stressors associated with familial discord, occupational concerns, cultural barriers and mental health difficulties will be portrayed. After addressing these general issues related to all refugees, some specific stressors associated with refugee women and children will be discussed. Concluding remarks will touch upon some lessons to be learned and thoughts about the future.

Antecedents of Flight

An attempt to identify the stressors that were experienced by refugees prior to, and in the process of their decision to flee can rely only on retrospective reports. Consequently, it may be biased by the effects of repression, denial, exaggeration and other selective memory processes. Despite these difficulties we can safely conclude that whatever the objective conditions might have been, they were perceived subjectively as unbearable and resulted in the refugee's ultimate decision to escape. Tyhurst (1982) posits that psychopathological symptoms such as paranoid behavior, somatization, anxiety, depression and sleep disturbances, which he has observed in diverse groups of refugees, are to a great degree manifestations of the effects of pre-migratory stress. Thus, despite

methodological uncertainties it is important to identify stressors that are commonly experienced during that period.

Lin, Masuda and Tazuma (1982) report that almost all the subjects in a longitudinal study they conducted on Vietnamese refugees living in the Seattle area decided to leave their country during the ten days that preceded the fall of South Vietnam. Most of them had only a few hours to prepare for the move. Over half of the subjects reported having at least one key family member left in Vietnam or lost during the hasty evacuation process. Many are still haunted by regrets and feelings of guilt over having left family members behind. Those last ten days were probably the most stressful throughout the entire ordeal. Family arguments for and against leaving, the scurry to find space on one of the last helicopters, leaving loved ones behind, are events that will likely torment these people for the remainder of their lives. Writing from the perspective of a family service provider, Rubin (1982) notes that the dynamics of family stress in refugee families can frequently be traced back to conflicts that ensued during the process of making the decision to flee. Westermeyer, Vang and Lyfong (1983) made similar observations in their report on a longitudinal study of Hmong refugees living in the Minneapolis area. They describe how families were divided in Laos during hasty decisions regarding who wanted to leave, and who should or could leave. Children, spouses, parents and other family members were often left behind. In trying to grasp the

impact of these traumatic separations it is important to take into account the crucial role played by family life in all SEA groups. It is generally the case that the extended family is a source of emotional and economic support to a far greater extent than in Western cultures. This characteristic of SEA culture most likely served to compound the devastating effects of the stressors just described.

Stressors associated with the decision to flee and its outcome were merely the end point of a myriad of fears, anxieties, threats and hardships that ultimately led to that decision. These include fears of reprisals by a communist regime, conditions of malnutrition to the extent of starvation, the threat and actuality of rape and torture at the hands of enemy forces, all of which must surely have taken the toll far beyond the point at which the refugee decided to, and managed to escape. Sundhagul (1981), writing on refugee women, noted that malnutrition and periods of prolonged stress produced cases of amenorrhea with the threat of sterility and also contributed to low quantity and poor quality of breast milk in lactating women. Thus, unborn and recently born infants suffered the ill effects of stressors encountered by their mothers during the pre-flight period.

To summarize, the stressors encountered by refugees prior to, and in the process of making the decision to leave are in many cases sufficient to cause major adjustment difficulties in

and of themselves. Unfortunately, for most refugees this is only the first phase of their difficulties. Subsequent adversities in refugee camps and/or on boats, and later, in the country of resettlement, undoubtedly serve to compound the consequences of these traumatic experiences. Though we do not posses a great deal of empirical information on the stressors frequently associated with the pre-migratory period, it is important to bear in mind that these are likely to have a profound effect on refugees' subsequent adjustment in their countries of resettlement.

The Period of Flight

Having chosen to flee, many refugees are faced with great dangers in carrying this decision out. The perils of the boat people who sailed dangerous seas on unworthy vessels and were frequently assaulted by merciless pirates is one such example. For those who successfully endure these dangers the next phase often involves the frustration and uncertainty of refugee camps. Van Deusen (1982) reports that the first wave of SEA refugees was evacuated during the spring of 1975, first to islands in the mid-Pacific, and later to four military posts in the United States. They then resided in these camps for a period of up to six months while sponsors were being located for them throughout the country. Subsequent waves of refugees were not so lucky. They were placed in internationally managed camps located in Thailand and Malaysia and only when a sponsor had been located for them

were they transported to the United States. Though they were no longer facing the immediate dangers that had precipitated their decision to leave, they now had to deal with new and unexpected stressors in the form of the hardships and uncertainties encountered in the camps.

Most of the sources and outcomes of the difficulties endured by SEA refugees in the camps were previously identified over three decades ago by Murphy (1955) who was writing on World War II refugees. He noted that though physical conditions may vary widely, the characteristics of life in these camps tend to be uniform: segregation from the host population, a need to share inadequate facilities, a lack of privacy and over-crowding. It is during the camp experience, when the physical threat that preceded and sometimes accompanied flight has subsided, that the enormity of what has transpired begins to set in. Stein (1986) adds that while in the camps, the refugee loses control over his or her life situation. Given all of the above, it is not surprising that apathy and other forms of psychopathology appear. Detailed accounts of the trials and tribulations endured by SEA refugees in the camps have been provided by Looney and Harding (1986), Sughandabhirom (1986), Morrison and Moos (1982) and by Liu and Murata (1977). An account of the experiences of Cubans in refugee camps in the United States was written by Szapocznik and Cohen (1986). Several issues specifically related to adjustment will be discussed below.

Westermeyer, Vang and Lyfong (1983) reported that in the Thai refugee camps American immigration policies favored nuclear families while working against the preservation of extended families. They note the maladaptive effects of such policies given that extended families serve important utilitarian as well as psychological functions among the Hmong who were the subjects of their study. Thus, unawareness, coupled with a certain degree of insensitivity to the special needs and characteristics of the Hmong proved to be an additional source of stress for these people. The authors report that separation and divorce increased under the social, psychological and economic pressures of the situation.

Refugee women faced particular hardships in some camps. In discussing their plight, Sundhagul (1981) notes that being accustomed to keeping a low social profile, many Khmer women who had lost their husbands along the way suddenly found themselves heads of families and unprepared to cope with the situation on an equal footing with men. This often resulted in hasty marriages of convenience that did not last very long but only served to add to these women's suffering. Young single women were also at a clear disadvantage in the camps, and consequently were exposed to multiple sources of intimidation. Again, this frequently led to hasty and unsuccessful marriages. Kelly (1978) points out another source of difficulty for women in the SEA refugee camps. While educational activities designed to prepare the refugees for

their new lives were scant and extremely hard to come by, all of the programs that were offered to the first wave of Vietnamese refugees in 1975 (some 129,000 in number), were designed to prepare men to work in lower-class jobs and to assume total power in the household while assigning no role to women.

A lack of awareness, on the part of some relief agents, of the significance of cross-national differences was another source of stress in the camps. As noted by Kunz (1981), there is a tendency to view all refugees from a given country or region as a homogeneous group and not to look beyond such highly general labels as "Indochinese". Clearly, there are major and substantial differences in the needs and mentality of groups as different as urban Vietnamese are from rural Hmong. Congregating all SEA refugees under one general label resulted in a disservice to them all. This was true for their treatment in the refugee camps as well as later on in the process of resettlement. It also had the effect of elevating already heightened levels of tension and hostility between groups that were enemies at one time or another in the past. Even within nationally-defined groups there were numerous ethnic and class differences that sometimes led to conflicts in the camps (Berthold, 1976). Given the high degree of stress and distress that these people were under, coupled with human nature, it is not surprising that scapegoats were identified and abused.

In spite of these enormous difficulties, several authors who worked in the camps commented on the resilience of their inhabitants. For example Floriani (1980) who served as a nurse at the Khao I Dang refugee camp noted that despite crowded and unsanitary conditions at the camp hospital, and the sounds of artillery fire from a military confrontation between Thai and Vietnamese soldiers at the nearby border, the patients seemed cheerful as they related the ordeals of their flights to freedom. Levy (1981) who served as a physician in the same camp made similar observations:

> My overwhelming sense was not of death, but of life; not of the Cambodian's ability merely to survive, but of their vitality; not of their grief for the past, but of their hope for the future; not of our superficial differences, but of our shared humanity. (P. 1140).

These two positive reports are not the only such observations. For the most part they reflect the strength and courage of these refugees. However, to a certain extent, they are also manifestations of the euphoria characteristic of the first stage of refugee adjustment (see below). In most cases, this elation was soon to give way to gloom and despair.

To summarize, the period of flight is characterized by dangerous escapes and lengthy, frustrating stays at refugee camps. These are additional sources of stress with which the refugee must cope in the adjustment process. It is unfortunate

that many of the mistakes made in World War II refugee camps (Murphy, 1955) were repeated in providing temporary shelter for SEA refugees.

The Process of Resettlement

In keeping with the general orientation of this paper psycho-social adjustment during the processes of resettlement will be examined by identifying the major stressors encountered during this period. Many of these were first noted by those who helped World War II refugees adjust to the United States. Pedersen (1949) succinctly summarized some these stressors in the following passage:

> [Most refugees] were forced to give up a great deal of the expectations and social ambitions that they had in their mother country. They had to arrange their affairs under pressing conditions, they were delegated to a lower social position, they had to relinquish much of their influence in social groups (in their professions, at their places of work, in their families), they were looked upon with less respect, they lost much of their individuality by becoming a number in the grey, anonymous mass of refugees. (p.344).

All of these problems, identified by clinical observations of World War II refugees, were subsequently rediscovered by empirical investigations with SEA and Cuban refugee populations.

A case study presented by Tobin and Friedman (1983) may serve as a general introduction, in that many of the issues to be discussed in this section surfaced during this young man's readjustment. The subject was a 22 year-old former Hmong soldier who was resettled in Chicago in 1980. During his first few months in Chicago he appeared to be adjusting quite well. However, after approximately five months he moved into a new apartment and immediately developed an acute sleeping disorder that consisted of nightmares, breathing difficulties and insomnia. His self-diagnosis was that a spirit had possessed him. Mental health professionals who were contacted for advice and treatment felt that due to immense cultural differences traditional psychotherapy would be ineffective in this case. They agreed that a Shaman (traditional healer) be called in. The Shaman made a house call and determined that the problems were caused by the spirits of the apartment's previous dwellers who had departed hastily and left their spirits behind. She then proceeded to rid the apartment of these spirits. The treatment was quite successful and the patient returned to his level of functioning prior to moving into the new apartment. Tobin and Friedman (1983) interpret these symptoms and their cure as manifestations of the "Survivor's Guilt Syndrome" which was frequently seen in survivors of Nazi concentration camps. This case study illustrates several tendencies in the course of refugee readjustment: deterioration after an initial period of adequate

adaptation, the importance of cultural determinants in the specific symptomatology associated with maladjustment, the potential contribution of traditional healing methods, and the importance that professionals who come in contact with refugees be aware of these issues. All of these will be discussed further below.

Despite significant individual and group differences (which should always be taken into account when considering an individual case), several general tendencies have surfaced as the result of empirical studies with SEA refugees. Nicassio and Pate (1984) conducted a survey of 1638 Indochinese refugees of various origins that had resettled in the United States. In general, they noted that refugees who were more advanced in age, who had less education and income, who were unemployed, and who had resided in the United States for shorter periods of time, reported more adjustment difficulties. Fry (1985) investigated the sources of stress for a group of 150 25 to 30 year-old Vietnamese refugees residing in Canada and the United States. A factor analysis of the content of interviews conducted with these subjects indicated four major sources of stress: a sense of hopelessness, low self-esteem, social isolation and general anxiety. Masuda, Lin and Tazuma (1980) identified financial difficulties, changes in life-style, occupational problems and marital discord as major and persistent obstacles faced by the SEA refugees who participated in their study. In a review of studies published in the late

1970s, early 1980s, Nguyen (1984) characterized the following factors as having an important effect on the adjustment of SEA refugees: community reaction, cooperation between voluntary and government organizations, good planning and well coordinated resettlement programs, the refugees' high motivation to succeed in their new homelands, traumatization due to 40 years of continuous war, lack of preparation before leaving their homeland, perilous escapes, protracted stays in over-crowded and unsanitary refugee camps, dispersal across the country of resettlement, sudden changes in the socio-cultural environment and loss of familiar socio-cultural support network. Lin (1986) identified several sources of stress in refugees:

1. Losses: Losses sustained by refugees are frequently multiple and significant in nature. They include tangible losses such as property, investments and businesses; losses of significant interpersonal relationships; losing family members and the social support they offered; and the loss of a cultural milieu -- a way of life and a significant component of one's self-identity.
2. Social Isolation: A substantial disruption of one's social support system and difficulties making new connections often lead to social isolation. Feelings of anger or guilt may be easily displaced onto sponsors or other refugees creating difficulties in establishing new ties.
3. Status Inconsistencies: The loss of one's established social role and status may lead to a sense of deprivation and

insecurity. It frequently results in accepting jobs of much lower status than those previously held, a phenomenon termed status inconsistency (Abramson, 1966).

4. Culture Shock:

> Refugees commonly arrive in the new land expecting to be at the end of their predicament. Instead, after an initial period of exuberation and high hope, they come to realize that living and making a living in a different, perhaps richer and technologically more advanced society, is not an easy task. (Lin, 1986, p.63).

5. Accelerated Modernization: Refugees from more rural and less technologically developed areas, such as the Hmong and some Cambodians, have more catching up to do than do refugees from more urban and further developed areas such as Vietnamese from Saigon or Cubans from Havana.

6. Minority Status: Irrespective of their racial, ethnic or cultural backgrounds, at least initially refugees are seen by the local citizens of their countries of resettlement as different and foreign.

The issues and stressors identified above can be categorized into three general areas of difficulty in the psycho-social adjustment of refugees: familial discord, occupational concerns and cultural barriers. Each of these areas will be analyzed in greater detail below. Not surprisingly, difficulties during the

period of resettlement,coupled with stressors encountered prior to, and during the period of flight, take a substantial emotional toll. Though not directly the topic of this paper, refugee mental health will be briefly touched upon since it is definitely part and parcel of the adjustment process. However, before discussing these specific areas some general models describing stages and characteristics of adjustment will be presented.

Stages and Types of Adjustment

Different stages and types of adjustment were first noted by investigators relying on clinical observations of World War II refugees. Tyhurst (1951) studied 118 European refugees in the Montreal area. Based on clinical observations he identified two distinct periods that tended to occur in both patients and non-patients. The first, termed the initial period, lasted about two months after arrival and was characterized by a subjective sense of wellbeing that in some cases could be described as euphoria, a tendency toward increased psychomotor activity, a strong though restricted interest in the new environment limited and directed toward the fulfillment of immediate needs (i.e. food, mothering, reassurance, etc.), and a tendency to ventilate about the war experiences with a gradually increasing bitterness that nobody really understands what it was like. During the initial period people were concerned mostly with their immediate past rather than with their present, future, or distant past. Tyhurst

described the refugee's orientation during this period as characterized by an attitude of escape. Tyhurst (1951) termed the second stage of adjustment as the period of psychological arrival. During this stage the refugee begins to appreciate her or his current social situation while becoming increasingly aware of language difficulties, differences in customs and values, separations, losses and other problem areas. The time perspective during this period may involve an increasing awareness of the present and dread for the future. Alternatively, some refugees become overly concerned with their distant past, primarily their childhood which is retrospectively idealized. Tyhurst describes four psychopathological symptoms that frequently appear during the period of psychological arrival: suspiciousness, anxiety, depression and somatic complaints. Most of the stressors and difficulties to be discussed below appear during this period.

Subsequent authors identified and elaborated on similar stages of adjustment (e.g. Keller, 1975; Stein, 1981b). Others discussed stages of adjustment from theoretical perspectives such as psychoanalysis (Grinberg & Grinberg, 1984; Munoz, 1980) and family dynamics (Sluzki, 1979). Nguyen (1984) proposed a three-stage model based on studies conducted with SEA refugees. During the first month euphoria and excitement are apparent though they are often accompanied by confusion and disorientation. During the second period, between the second and sixth months, attention is focus on day to day activities associated with building a new

life. These include mastering new life skills, learning a new language, and satisfying basic needs for food, clothing, shelter and employment. During the third stage, spanning the next two-and-a-half years refugees start to reflect upon the impact of uprooting and begin to appreciate the realities of their new life. Most accept their new situation and reach satisfactory levels of adjustment. Others fail to come to terms with the new realities, especially those who came with high hopes and unrealistic expectations. These people often become disillusioned and develop emotional problems.

Although most refugees go through the stages described above the end-result of their adjustment processes may vary considerably. Khoa and Van Deusen (1981) identified three general patterns of adjustment:

1. The old line pattern, adopted by many of the older refugees, consists primarily of a total rejection of any attempt to adapt to the new culture.
2. The assimilative pattern is seen primarily among younger refugees who readily embrace new customs and relinquish old. As discussed below, age-dependent differential patterns of adjustment may become a major source of stress in refugees' family life.
3. The bicultural pattern, consists of selectively adopting new customs while maintaining certain old ones. This pattern has

proven to be the most adaptive of the three in pluralistic societies.

Lin, Masuda and Tazuma (1982) identified five patterns of adjustment in their study of SEA refugees:

1. Marginality, neurotic type, involves becoming paralyzed while trying to comply with the expectations of both cultures. People who exhibit this pattern of adjustment tend to also exhibit high levels of anxiety.

2. Marginality, released (deviant) type. These people opt to ignore the behavioral norms of both cultures having concluded that there is no way to satisfy both at the same time. Both types of marginality tend to result in isolation, loneliness and frustration.

3. Traditionalism, characterized by a strong attachment to the original culture as a means for alleviating feelings of loss and reducing the impact of culture shock.

4. Over-acculturation, becoming totally detached from the original culture and thus deprived of the traditional supportive system, this pattern frequently leads to excessive vulnerability.

5. Biculturation, successfully integrating the best of both cultures.

These two schemes describe basically similar patterns. The latter is somewhat more useful in that it elaborates on different types of maladjustment.

Lin, Masuda and Tazuma (1982) also identified three different contexts of adaptation: The first, material adaptation, involves the acquisition of basic survival skills necessary in a modern society. Examples include arranging for housing and transportation, learning to go to the supermarket and how to fulfill other basic needs; all of these prove to be more stressful for lower social economic status refugees who had limited prior exposure to urban life. In Lin et al's study, refugees who came from rural areas had difficulties learning how to use simple modern conveniences such as a faucet or an oven. The second context of adjustment involves adaptation to formal social structure. This involves becoming familiar with, and then learning how to make use of formal social organizations (e.g. welfare) in the new society. A third context of adjustment involves sociocultural adaptation, which includes learning new verbal and non-verbal models of communication, becoming aware of subtle cultural norms, and acquiring new value orientations. To illustrate the importance of subtle normative differences the authors describe some of the difficulties encountered by one man in their sample:

> A young man was having trouble getting a job and after a dozen or so interviews he was becoming extremely discouraged and angry. His job counselor was puzzled since he was evidently qualified for most of them. Detailed inquiry revealed that being a polite, well

> educated Vietnamese, he tended to understate his ability and replied to question after question about his experience in the area by saying "just a little bit". He was finally persuaded that this gesture of modesty was completely inappropriate in the American culture and he quickly found employment. (Lin, Masuda and Tazuma, 1982, p.175).

This vignette provides a vivid real-life illustration of how strange and foreign American life must seem to less "Westernized" groups of refugees.

Having described typical stages and characteristics of adjustment we can now identify and discuss some specific stressors encountered during this process.

Familial Stressors

Santopietro and Lynch (1980) noted that the extended family unit is the single strongest influence in the life of most SEA refugees. This is generally true for other groups of refugees as well (e.g. Cubans, Africans, East Europeans). Nicassio's (1985) finding that refugees lacking familial support represent groups at high risk for psychopathology, is evidence of the crucial role played by the family in the lives of most refugees. Using anthropological field methods to assess issues in refugee adjustment, Haines, Rutherford and Thomas (1981) concluded that adequate family support is a crucial determinant of adequate

adjustment in the process of resettlement. Regretfully, there are certain characteristics inherent in this process that cause a great deal of strain on refugee family life. Two major sources of stress are differential rates of adjustment for various family members and continuing guilt and difficulties over family members who were left behind.

Santopietro and Lynch (1981) discuss how different rates and patterns of adaptation within SEA refugee families become sources of conflict, especially between generations where parents tend to retain traditional values while their children adopt American ways. Valdes and Baxter (1976) made similar observations in their study of Cuban refugees. They reported that Cuban families experienced frequent incidents of stress due to a loss of parental authority over children. Brown (1982) and Stein (1986) observed that inter-generational conflicts due to differential rates of acculturation resulted in strained relations within the entire family. Inter-generational conflicts have serious implications for both generations. As will be further elaborated in a special section, children are under a strong double-bind. On the one hand, their cultural heritage and tradition emphasize respecting and obeying one's elders. On the other hand, they are able to learn the language much faster and better, they are quick to pick up American customs at school and from television; consequently, they become better adjusted to American life. Whereas at school and with their peers they are expected to, and

rewarded for "Americanizing" as quickly as possible, at home their newly acquired habits are often discouraged. When these situations occur the child is sometimes faced with having to live a double life. Parents in families characterized by differential rates of acculturation suffer damaging blows to their self-esteem. They may find themselves in a position of having to rely on their children for translation and explanation of what otherwise would have been routine chores in their native land and language. This has the result of weakening their position of leadership and authority in the family.

Inter-generational difficulties are not the only source of strain. A number of authors have pointed out that wives initially adapt at a faster rate than do their husbands (Santopietro and Lynch, 1982; Stein, 1986). They often are more willing and able to accept lower-status jobs such as housemaids, and thus become the sole providers for their families. In such cases husbands tend to become frustrated and intimidated and family difficulties may erupt. Timberlake and Cook (1984) report that due to anxieties over their diminished authority within the family parents and grandparents (particularly males) frequently resort to enforcing autocratic rules and scape-goating more vulnerable family members. In terms of the types of adjustment outlined above, it appears that younger refugees are more prone to over-acculturation, while some members of older generations tend to adopt marginal forms of adjustment. Even in those families where

some members display what is considered to be the most adaptive form of adjustment, biculturation, there may still be familial conflicts if other family members resort to less adaptive forms of acculturation. The end result of these inter and intra-generational conflicts is that the family, formerly a crucial resource for support in coping with stress, becomes an additional source for stress.

Familial difficulties sometimes transcend the boundaries of the country of resettlement. Chan and Lam (1983) analyzed refugees' dreams and routine thought processes. They concluded that the most significant and recurrent theme was an obsessive concern over separation from family members and a strong wish for reunification. The authors determined that refugees' mourning over relatives they had lost or left behind was interfering with their adaptation to Canada. In a survey of 1638 SEA refugees who had settled in the United States, Nicassio and Pate (1984) found that the most troubling issue for this group of people was separation from family members. In fact, 76.6 percent of the sample reported that this was a very serious problem for them. A study by Lin, Masuda and Tazuma (1982) illustrates some of the difficulties that resulted from the break up of extended families. The authors noted that marital conflicts sometimes resulting in physical violence and/or divorce were more frequent in such families. They attribute this tendency to the

dismantlement of the extended family which deprived these couples of an important buffering and protective network.

Refugees' guilt and anxieties are not always the result of worries over the fate of loved ones who were left behind. Brown (1982) reports that at least part of these difficulties stem from misapprehensions on the part of those who stayed behind who think that their newly Americanized relatives, having reached "the promised land", should be doing more to help them. They are frequently unaware of the difficulties encountered by refugee relatives and make unrealistic demands for economic support. Thus, while having to deal with the harsh realities of becoming and being a refugee, some are riddled with guilt and frustration over the possibility that they are not doing enough for those who stayed behind. These feelings are then reinforced by harsh and demanding letters from home.

Separation before or during departure is not the only manner by which SEA refugee extended families were spilt. Timberlake and Cook (1984) note that many extended family units were spilt during resettlement. In many cases this was the result of a well-intended policy of dispersion which was based on the rationale that resettling refugees in multiple locations rather than in one or two central sites would facilitate the process of their assimilation into American life (Brown, 1982). However, the authorities charged with carrying out this policy were either unaware of, or insensitive to the importance of the extended

family in Southeast Asian culture. Timberlake and Cook (1984) report that some refugee families reacted by creating new "families", incorporating distant relatives, friends and even strangers who were also refugees. These social networks then served many of the functions that had previously been allotted to the extended family. However, this adaptive coping strategy may not be available to all refugees since in some of the more rural areas in which they have been resettled there is a paucity of potential candidates for the formation of such units.

Differential rates and patterns of acculturation, and the consequences of splitting extended families are not the only sources of familial stress for refugees. A diminishing role for the elderly, and the effects on traditional family life imposed by a gradual shift in the direction of Western values, are additional sources of stress in the process of adjustment. In addition, and most importantly, the various stressors described in this paper are not independent of each other. For example, families that experience occupational difficulties will also tend to be plagued by a greater degree of internal strife. Other sources of stress also tend to interact and produce a compounded effect. Thus, while it is important to identify and analyze each of these sources separately, when evaluating their effects interactions with other sources of stress should always be taken into account.

Occupational Concerns

Refugees experience a number of difficulties when attempting to find adequate employment in their countries of resettlement. These include problems of under and unemployment, a lack of adequate training for certain types of jobs, difficulties related to language and more. Considering the high work ethic among most groups of refugees, SEA refugees being a particularly good case in point, it is not surprising that they are greatly troubled when they are unable to obtain what is in their mind acceptable employment. Several sources and types of occupational concerns will be detailed below.

In a study on the occupational assimilation of Vietnamese refugees Finnan (1980) found that occupational adjustment was a major concern for subjects who participated in the study. Though there are substantial psychological ramifications which result from under or unemployment, one of the more concrete of the adverse consequences of not finding appropriate jobs is financial difficulties. In their investigation of a representative sample of all groups of Indochinese refugees Nicassio and Pate (1984) found that 57.2 percent of the 1638 people they surveyed reported financial difficulties. In a report on Hmong patients at a health clinic in Minneapolis, Westermeyer, Vang and Lyfong (1983) noted that over 70 percent of this population experienced financial difficulties. Elsewhere, Westermeyer, Bouafuely and Vang (1984) remark: "Many Hmong men showed considerable difficulty with their

early adjustment to the United States. They had little or no occupational skills relevant to their new environment, had lost emotionally significant roles from Asia, and were often on welfare" (p.241). In a study of the psychosocial correlates of alienation in refugees Nicassio (1983) found Social Economic Status to be negatively correlated with the degree of alienation in his subjects. Thus, less adequately employed refugees who were experiencing financial difficulties were those who felt most alienated in their country of resettlement. Vignes and Hall (1984) studied 50 Vietnamese families and found that a loss of professional role and identity as a result of under and unemployment were major factors complicating adjustment in these families. These studies underscore the critical role that occupational difficulties may play in the adjustment of refugees.

A recent report by Lin, Masuda and Tazuma (1984) may create the impression that occupation may be turning into a non-problem for SEA refugees. These authors noted that from 1975 to 1978 unemployment among Vietnamese refugees went down from 96 to 32 percent. Thus, it may seem that sooner or later most refugees manage to obtain employment. However, as noted by Stein (1979) almost all refugees experience substantial downward mobility in their occupational readjustment in the United States. This tendency may partially account for the finding by Rahe, Looney, Ward, Tung and Lieu (1978) that in many refugees self-esteem drops considerably during the process of resettlement. A study

conducted by Nguyen and Henkin (1982) confirms this hypothesis. These authors studied two groups of Vietnamese refugees in the United States. One group consisted of 191 heads of families who came to the United states in 1975 during the mass evacuation following the fall of South Vietnam. The second group consisted of 175 heads of families of "boat people" who arrived in the United States between 1977 and 1978 after one or two years of hardships under the communist regime. Data analyses revealed that the first group included a high proportion of well-to-do, highly educated individuals. Outwardly, they appeared to be successful in their acculturation and occupational adjustment to the United States. Among the boat people, there was a large percentage of less educated people and externally they seemed to be adapting less successfully to the United States. However, while level of education was positively correlated with both acculturation and occupational adjustment, it was not related to satisfaction with life in the United States. The first group, though more acculturated and successful, was less than satisfied with life in their new home and more resistant to assimilation. The second group appeared to be much more appreciative and satisfied with life in their new country. One explanation for the paradoxical finding that the group that was less successful was more satisfied is that the second group experienced far less, if any, downward mobility. The first group, many of which belonged to the South Vietnamese elite, could hardly attain the same social and

occupational positions that they had enjoyed in South Vietnam. Thus, what appears to be an occupational success (i.e. finding some form of employment) was for them a disappointing failure. For the second group, most of which had not enjoyed a particularly successful life in their native country, and had endured up to two years of suffering under the new regime there was no room for downward mobility and consequently, less cause for disappointment. Santopietro and Lynch (1980) similarly note that in many groups of SEA refugees members of the upper and upper-middle class families, primarily educated city dwellers, experience more acute adaptational difficulties related to their reduced social status and the humiliation of working at lower status jobs. These authors also note that this was less of a problem for refugees who made up the lower classes in Southeast Asia. Thus, though statistics such as those reported above by Lin, Masuda and Tazuma (1984) may indicate that unemployment is going down, occupational difficulties and their adverse consequences do not appear to be similarly diminishing. Downward mobility as the result of underemployment is a major source of stress leading to inadequate adjustment among those who outwardly appear to be the most successful.

There are several possible explanations for the phenomenon of underemployment in refugee populations. Technology in most Southeast Asian countries, and most other non-Western countries is lagging far behind that of the industrialized world. In

addition, a lack of familiarity with competitive capitalism in the extreme form in which it practiced in the United States leaves many refugees unprepared for many of the prevailing business practices in this country (recall the difficulties described above (Lin, Masuda, & Tazuma, 1982) encountered by one highly qualified young man who, being a polite and well educated Vietnamese, constantly understated his qualifications and was thus turned down though he was well qualified for numerous jobs). Subtle and not so subtle biases against "foreigners" in general and Southeast Asians in particular (Hoshkin, & Mishler, 1983; Starr & Roberts, 1982) may also lead to under employment. These are but some of the factors contributing to refugee under employment. However, there is one difficulty that clearly stands out among the rest -- the English language. Kleinman and Daniel (1981) note that SEA refugees encounter greater difficulties than European refugees in acquiring the English language. This, for the most part, is due to an absence of an appropriate grammatical base in their own languages which are so different from English. Thus, it is not surprising that language difficulties are cited in almost every study that looked into stressors encountered by SEA refugees. For example, Vignes and Hall (1979) reported that language barriers were rated right behind occupational difficulties as sources of stress for the Vietnamese subjects who participated in their study. In Nicassio and Pate's (1984) survey English was rated as a serious problem by 66.6 percent of the

sample, second only to separation from family members and painful war memories. Nicassio (1983) reported that English proficiency was negatively correlated with alienation among 460 Indochinese heads of households. Among the Hmong patients studied by Westermeyer, Vang and Neider (1983a), not one had English language training prior to coming to the United States. In contrast, 30 percent of the non-patient controls in that study had previously received such training. There can be little doubt that language difficulties are a significant source of stress for refugees. Nowhere does this deficiency have a more detrimental effect than in the occupational domain. A person blessed with all the skills and talents necessary to perform adequately a given job may seem totally inept if he or she lacks a minimal level of knowledge of the langauge spoken on that job. This is true for lawyers, physicians, academicians, politicians, skilled craftsmen and virtually all other professions. Not being able to understand what one is told, not being able to convey what one knows will inevitably create the impression of reduced qualifications. Thus, providing adequate language training, preferably geared toward a person's specific job needs, is one of the best possible ways to alleviate some of the hardships surrounding refugee occupational concerns.

To summarize, occupational concerns are cited by refugees as one of their more prevalent sources of stress. Though it appears that refugee unemployment is diminishing, problems associated

with underemployment appear to be on the rise. Under employment is a concern primarily among those who made up the higher echelons of society in their pre-migratory countries. Inadequate knowledge of the English language is a main obstacle in the way of achieving adequate employment.

Cultural Barriers

Dung (1984) remarks that Vietnamese refugees living in the United States are beset with problems that stem from substantial cultural differences between their countries of origin and resettlement. Whereas their religious and cultural teachings stress modesty, humility, respect for elders and harmony between the individual and the environment, in the United States they find a society that frequently emphasizes quantity over quality, and where humility is seen as a sign of weakness, elders are frequently left to fend for themselves, and the extended family plays a far less significant role in the life of the individual. In his study on the correlates of alienation in SEA refugees, Nicassio (1983) found cultural differences in values and behaviors to be significant sources of stress for a group of 460 refugees living in the Illinois area. These are but two of the many authors who have commented on the significant cultural barriers encountered by SEA refugees.

Having survived life-threatening situations, hunger, and sometimes torture in their homelands, and then the trials and

tribulations of the period of flight, when they arrive in the United States most SEA refugees find themselves suddenly thrust into a strange and unfamiliar society characterized by what to them are foreign and sometimes offensive customs and values. SEA refugees are confronted with more cultural barriers than perhaps any other group of refugees who has sought shelter in this country in the past. Stein (1986) notes:

> The key difference between traditional [Eastern European] and new [SEA] refugees is that the new refugees are culturally, racially, and ethnically vastly different from their hosts, they come from less developed countries... and lack potential support groups in their country of resettlement. (p. 13).

Thus, not only do these refugees find themselves in strange and unfamiliar surroundings, for the most part they are lacking a well established community of compatriots that is ready and willing to assist them in the process of acculturation. In contrast, World War II refugees came from countries that were culturally and technologically more similar to the United States, and most could rely on local communities, such as Jewish communities in the case of Jewish refugees, to help them along in resettlement. In an attempt to address some of these difficulties, a policy of assigning sponsors for SEA refugees was adopted. Though well-intended, this policy sometimes created more problems than it actually solved. Chan and Lam (1983) noted that

due to status and cognitive differences the sponsor-refugee relationship frequently developed into a master-dependent relation. Consequently, instead of providing comfort and social support, sponsors are sometimes seen by refugees as representing that which they despise and resent in their new home. Conversely, some refugees over-identify with their sponsors, especially when the latter belong to a sponsoring church agency. Westermeyer, Vang and Lyfong (1983) found that among 97 Hmong refugees surveyed in Minnesota, 28 had changed their religion in the United States, at least nominally, in the first three to four years following migration. They were animists who changed to the religion of their sponsoring church agency. In addition to depriving them of the support and comfort rendered by true religious belief, their conversion created conflicts within extended and sometimes even nuclear families whose members now belonged to different religions. "Such individuals were caught up in a double bind between their loyalties to their Hmong family and to their American sponsors" (Westermeyer, Vang and Lyfong, 1983, p.435).

Within the SEA refugee population there are certain groups that are more vulnerable than others. Santopietro and Lynch (1980) note that upper and upper-middle class refugees, coming primarily from urban areas where they had some exposure to western culture prior to emigration, usually suffer the least severe culture shock. Nguyen and Henkin (1982) similarly found

acculturation to be much more rapid and successful among refugees who were well-to-do and highly educated city dwellers in Vietnam, than among those who came from more rural areas and were generally less successful prior to leaving that country. However, as noted above, those who acculturated more rapidly were faced with relatively smaller cultural barriers. Still, paradoxically, the latter tended to be less satisfied than those refugees who had greater barriers to overcome and appeared outwardly to be acculturating at a much slower pace. As explained above, this is primarily the result of differential expectations concerning life in the new country. Refugees who had previously held high positions in their societies were faced with less cultural barriers but had to cope with downward mobility both in their social and occupational status. On the other hand, those who had made up the middle and lower classes in their societies, though confronted with more cultural differences and barriers, found it easier to achieve similar social status in the United States. Each group was faced with different though equally formidable stressors.

Cultural barriers have resulted in numerous adversities for SEA refugees. In a provocative article in Science, Marshal (1981) suggested the possibility that some may be dying of culture shock. The author reported that 20 Hmong, and six non-Hmong Indochinese immigrants had died of mysterious causes since 1977. Ninety-five percent had been males of all ages and good health

who had died suddenly between eleven at night and eight in the morning. One theory suggested that nightmares due to stress had been the underlying cause of death. Whatever the actual cause, these unexplained deaths served to draw attention to the magnitude of the cultural difficulties which SEA refugees were facing. In an article in the Annual Review of Medicine, Hoang and Erickson (1985) noted that SEA refugees frequently under-utilize existing health care services, at least partly as the result of major cultural barriers between patient and provider. In such cases cultural barriers may indeed be life-threatening. Cultural barriers create the greatest difficulties in the area of mental health. The stigmata associated with mental health are so extreme, that many SEA refugees prefer to suffer the consequences of depression, anxiety and other manifestations of stress, rather than bring upon their families the shame and humility that are associated with mental health difficulties in their culture. When their anguish becomes unbearable these people often show up at general health clinics complaining of vague somatic symptoms which are much more legitimate in their culture. It is crucial that general practitioners and nurses be aware of these issues and be on the lookout for somatically disguised problems of mental health.

When examining cultural barriers, the unfortunate though perhaps inevitable ill-effects of prejudice must also be addressed. In surveys such as those conducted by Nicassio and

Pate (1984) and by Vignes and Hall (1979) the need to deal with prejudice on the part of local communities ranks high among the difficulties reported by SEA refugees. As noted by Lin (1986), irrespective of their racial or cultural backgrounds, refugees, at least initially, are seen by local communities as different and foreign. Again, this is particularly true for SEA refugees who discover that almost over-night they have become minority members in their new society. Several studies have demonstrated that negative feelings toward immigrants and refugees are quite prevalent in the United States and other countries (e.g. Hoshkin & Mishler, 1983; Starr & Roberts, 1982). SEA refugees, being both immigrants and minorities, are probably confronted with more prejudice than any other group of refugees in the past. Similar difficulties have been encountered by Asian-Ugandan refugees who fled the atrocities of the Idi Amin regime only to be confronted with prejudice and racism in England, and by Ethiopian Jews who had suffered centuries of religious persecution in Africa, only to find themselves surrounded by religious and racial prejudice-based controversies in Israel. This culturally-based stressor encountered by refugees the world over, stems from humans' deeply rooted fears of anyone who is slightly, let alone greatly, different from themselves.

To summarize, numerous and different cultural barriers have been found to create difficulties in the way toward refugees' satisfactory adjustment to their countries of resettlement. These

include true cultural differences, such as in the case of SEA refugees, as well as latent and sometimes blatant prejudice-based hostilities on the part of members of the host societies. The nature of these cultural difficulties differs not only from one group of refugees to another, but frequently within the same group among those who belonged to different classes in the country of origin. It is important to keep these differences in mind when attempting to understand the nature of some of the stressors inherent in the refugee experience. Cultural barriers may be particularly detrimental for refugees who require health care in their new homes. Service and health providers should be constantly on the lookout for unmentioned (perhaps unmentionable) difficulties that may underlie more mundane complaints on the part of refugees. The greater the awareness among members of host societies of the various cultural barriers that have been outlined above, and of the consequences of these barriers, the less stressful these obstacles may ultimately be.

Mental Health

When one considers the number and nature of stressors that have been described so far, it is a wonder that not all refugees suffer mental health problems. Yet during the SEA refugee movement, mental health difficulties usually did not become burning issues until several months after the first wave of refugees had arrived. Only after several well publicized

suicides, and when general health care providers were confronted with recurring patterns of emotionally induced somatic symptoms, were mental health professionals called in, in an attempt to locate the "cause" of these difficulties. This naive approach reflects a lack of awareness of the pathogenic effects of multiple stressors such as these people had faced, and were still confronting, as well as the already mentioned pattern of disregarding knowledge that had been gained with past waves of refugees. For example Tyhurst (1951) noted three main psychiatric symptoms that frequently appeared in World War II refugees: Pathological levels of suspiciousness, an increased incidence of anxiety and depression, and multiple instances of emotionally based somatic complaints. All three patterns are quite familiar to mental health professionals currently working with SEA refugees.

Several authors have discussed the nature and incidence of mental health problems in SEA refugees. Berry and Blondel (1982) found exceedingly high levels of psychological dysfunction among Vietnamese refugees who had resettled in Canada. Nicassio (1985) noted that clinical data overwhelmingly indicate that depression is the most common psychiatric disorder found in SEA refugees who have sought help for their emotional difficulties. Timberlake and Cook (1984) describe respiratory and digestive complaints as common coping patterns among this population. Based on experience with refugees in Sudan, Pankhurst (1984) notes that medically and

socially disadvantaged refugees represent a much higher risk-group for psychopathology.

Two groups of investigators have studied some specific refugee mental health problems more closely. Lin, Masuda and Tazuma (1979, 1982) conducted a quasi-longitudinal study of Vietnamese refugees living in the Seattle area. Although there are certain methodological problems in their study, their data showed an increase in anger, hostility and depression over time. During the three years covered in their study, subjects reported increasing numbers of psychiatric symptoms from year to year. The authors reached the following conclusions:

> Three years after their arrival as refugees it is clear that the majority of Vietnamese we studied have more or less settled down. Most are working and self-sufficient, a large percentage of them even buying houses. However, clinical and field experience suggests that the psychological impact of the losses and culture shock which lead to feelings of depression and anxiety still exists, and may actually be worsening as time goes by... stress may accumulate and cause the paradoxical phenomenon of people becoming emotionally more vulnerable when, on the surface, their lives appear more manageable. (Lin, Masuda, & Tazuma, 1982, p.182).

These authors also noted a consensus in the Vietnamese community that an increasing number of refugees were using alcohol to escape the pain of their situation. Alcohol-related difficulties appear to be becoming more prevalent as time goes by. At a recent work-group on refugee mental health, officials and mental health providers from numerous states noted an increased incidence of alcohol misuse and pathological gambling (Refugee Assistance Program, 1987).

A second major longitudinal study focusing on refugee mental health was conducted by Westermeyer and his colleagues (Westermeyer, Vang and Lyfong, 1983; Westermeyer, Vang, & Neider, 1984, 1983a, 1983b, 1983c). Of the 97 Hmong general health clinic patients who participated in this study 61 reported experiencing mental or emotional difficulties (Westermeyer, Vang, & Lyfong, 1983). Seventeen became voluntary psychiatric patients over a one year period (Westermeyer, Vang & Neider, 1983b). The authors note that this figure is much higher than is expected in the general population. When this group was followed-up two years later and compared to a non-patient control group, they continued to exhibit a higher degree of emotional difficulties (Westermeyer, Vang & Neider, 1984). Westermeyer, Vang and Neider (1983a) noted that any continuity with past activities, even familiar part-time avocations, improved these refugees' mental health status. Significantly, Westermeyer, Vang and Neider (1983c) found that those who experienced psychiatric difficulties had much higher

pre-migratory expectations than those who were not experiencing such difficulties at the time of the study.

These studies provide strong evidence regarding the consequences of the stressful situations described in this paper. Anxieties as the result of the traumatic experiences that preceded and accompanied flight, depression as the result of feelings of helplessness in the refugee camps and hardships and disappointments in the countries of resettlement are not unexpected. That these underlying psychological difficulties are often manifested by somatic complaints is also not surprising, given the above mentioned social stigmata associated with mental illness in SEA cultures. It is essential that general practitioners and social service agents who come in contact with refugees be aware of the high risk for psychopathology. Educational programs designed to inform refugees of the likelihood for mental health problems, and who to contact should they arise, are also needed.

Special Groups

The need to devote a separate section on special groups underscores the necessity to keep in mind that in addition to the particular stressors resulting from being a refugee, these people must also cope with difficulties that many non-refugees have found to be overwhelming. When such "normal" stressors are

encountered by people who have also endured some of the hardships described above, it is no surprise that additional difficulties arise in the process of adjustment. This section is devoted to some of the special stressors encountered by women and children refugees. Additional subgroups could also have been chosen; however, in reviewing the refugee literature, a disturbingly small number of papers was found on other special groups. One such possible group is the elderly. These people were clearly the most rooted to their previous cultures and have sometimes been noted to give up any attempt to acculturate, leaving it up to the younger generations. In terms of the models of adjustment discussed above, they tend to adopt marginal, un-acculturating types of adjustment. However, younger refugees do acculturate, and one of the first things they lose is the high regard they had previously held for their elders. Thus, not only do elderly refugees experience much greater difficulties adjusting to life in their countries of resettlement, they also find themselves losing their traditionally mandated positions of high esteem within the family and community. This double blow is quite likely to take a significant toll on elderly refugees, yet there exists a conspicuous lack of any attempt to study this population directly. Several authors have touched upon some of these elderly-specific issues while writing more generally on refugee resettlement (e.g. Bliatout et. al., 1985; Coleman, 1980; Nguyen and Kehmeier, 1979). There is a pressing need for empirical

studies focusing specifically on this group of refugees in order to gain a better understanding of the difficulties that they experience and how we may aid them through the painful process of readjustment.

A second group of refugees that warrants special attention is torture victims. Though a great deal of research has been conducted in order to document the atrocities that torture victims have experienced and how to help them cope with these stressful memories, the refugee literature is lacking empirical studies focusing on specific adjustment difficulties that are encountered by this population. Such studies are critical if we are to lend adequate support to this special group within the general refugee population.

Two groups that have been studied to a far greater degree are women and children. As mentioned, these refugees must deal with all of the stressors described in this paper in addition to some specific stressors stemming from their special status. The result is an interactive effect whereby both types of stress become more damaging than either one would have been if encountered singularly.

Women

Writing on the plight of women in a refugee camp in Thailand, Sundhagul (1981) made the following observations:

> While it is difficult to imagine that one refugee stress is greater than any other, a particular case must be made for the Cambodian refugee woman. Many are sole survivors after five years of violence, starvation and death -- their families completely lost. Others are widows bearing the responsibility for children and extended family members. Some are unwed mothers and young victims of rape and assault. (pp. 103-104).

Though not all refugee women suffered the hardships encountered by the Cambodians Sundhagul saw and described, most single, divorced and widowed women were at a clear disadvantage in refugee camps, and later on, in their country of resettlement. As mentioned above, as the result of traditional rearing practices most SEA women are generally unprepared to assume leadership roles and compete with men for limited resources. In a report on sex roles among Hmong refugees in Minnesota, Westermeyer, Bouafuely and Vang (1984) remark that early on, women as a group did not feel a personal sense of responsibility regarding issues of income and support, since those were traditional concerns of Hmong men. Yet many were faced with having to perform just such a role in the refugee camps, and later, in the United States.

Even among those who were married a lack of preparation to assume some measure of responsibility in the family became a handicap hindering adequate adjustment to the United States. Walter (1981) studied a group of 347 SEA refugee women one year

after their arrival in the United States and concluded that those who had arrived more recently were less prepared to make the transition to American lifestyle than were their predecessors who had arrived between 1975 and 1977. This, in part, reflects differences that have already been mentioned between the better-educated urban refugees that constituted the first wave of SEA refugees, and the less-educated and more rural refugees of the second wave. However, there is another significant difference between these two groups. The latter spent months, even years, in various refugee camps in Thailand and Malaysia. Reports by Palmer (1981) and by Kelly (1978) indicate that women were at a distinct disadvantage in these camps. Palmer (1981) reports that language classes in refugee camps were attended primarily by men. Those women who did attend were markedly less vocal in their participation. Thus, an important opportunity to arrive better-prepared had been lost. From Kelly (1978) we learn that the situation in refugee camps in the United States was no better. She noted that educational programs prepared men to work in lower-class jobs and to assume total power in the family, assigning no role whatsoever to their wives.

Despite disadvantages imposed by their traditional upbringing and lack of adequate preparation in refugee camps, several authors have noted that refugee wives often achieve a greater degree of initial adjustment than do their husbands (e.g. Brown, 1982; Santopietro & Lynch, 1980; Spring, 1979 and Stein,

1986). As noted above, this tendency most likely reflects a greater willingness on the part of women to accept less rewarding jobs. A greater degree of initial adaptation is not unique to SEA refugee women. Spring (1979), writing on Angolan refugees in Zambia, noted that Angolan women generally achieved some degree of success more quickly than men, and that younger refugee women often divorced their Angolan husbands, taking up with established Zambian men.

The tendency for refugee women to achieve greater degrees of initial adaptation should by no means be seen as indicating that their adjustment is either easier or more successful over the long run. When they finally manage to find jobs, many refugee men expect their spouses to return to the home and resume their traditional role. However, having experienced the rewards of achieving a greater degree of self-reliance as the result of earning an independent income, and having been exposed to American values and customs where no wrong is seen in women contributing to the family's livelihood, many are reluctant to regress and assume their traditional submissive role. This conflict then becomes a source for familial unrest that has at times resulted in violent behavior on the part of disgruntled husbands. Some well-meaning American feminist groups have intervened in such situations, and in some cases the result has been a hasty divorce (Westermeyer, 1986, personal communication). All parties involved in such situations must realize that while

some degree of assimilation and acceptance of American values is critical for adequate adjustment to occur, extreme positions on the part of either side will most likely result in damage to those directly involved.

The issues outlined above clearly illustrate that refugee women face specific and unique stressors. Several authors have elaborated further on needs that are specific to refugee women and have suggested approaches to meeting these needs (e.g. Costello, 1980; Davison, 1981; Simon, 1986 and Walter, 1981).

Children

Though they may disagree in their interpretation of how childhood experiences influence adult life, the vast majority of psychologists would agree that the experiences of childhood and adolescence are critical in the process of individual development, be it normal or abnormal. The trauma endured by refugee children both before and after fleeing their homelands can not but take a heavy and profound toll on these youngsters. Though the wounds may eventually heal, most refugee children will forever bear the scars of their ordeals. Kinzie, Sack, Angell, Manson and Rath (1986) recently provided the following grim description of some of the trauma experienced by a group of Cambodian refugee adolescents they had studied:

> At an early age these young Cambodian refugees were separated from their families for four years, endured

> forced labor and starvation, and watched many deaths, in some cases of their own family members. Their traditional cultural values and belief systems were discredited or destroyed. They spent two or more years in refugee camps and then began high school in a foreign country without knowing the language, often without family. Even four years later, after leaving the most severe of the traumatic experiences behind, half of the 40 students still experience major symptoms considered Post Traumatic Stress Disorder. Twenty-one students also had symptoms of an ongoing depressive disorder. (pp. 374-375).

Though not all refugee children experience difficulties as severe as these adolescents had endured, all have experienced suffering and hardships far beyond those of a normally developing child. Looney (1979) notes that most adolescent refugees have faced problems associated with broken families, living with anxious adults, suffering cold and hunger, enduring long and mostly boring stays in refugee camps marred by a condemnable absence of educational activities or devices, and having to cope with small groups of bored troublemakers in those camps. Unattended adolescents faced all of these difficulties coupled with the necessity of having to cope with them alone, lacking the support and comfort of a family.

Refugee children and adolescents must, in essence, confront two separate tasks. The first consists of the multiple developmental difficulties encountered by any growing child. Even for children developing under essentially normal conditions this first set of stressors sometimes proves unmanageable and some require professional help and guidance through this process. As refugees, they must also cope, to varying degrees, with most of the stressors described throughout this paper. Carpio (1981) and Tobin and Friedman (1984) explore how critical issues of childhood and adolescence such as separation, questions surrounding individuality and identity, and anxieties associated with developing feelings of sexuality, interact with critical issues of being a refugee such as loss and grief, survivor guilt, traumatic experiences and cultural discontinuity. Such interactions are shown to result in several stressors that are seen quite consistently among varying groups of refugee children and adolescents. These include problems that have already been touched upon stemming from differential rates of acculturation, issues of cultural identity in orphaned or unaccompanied refugee minors growing up in American foster homes, a higher incidence of disorders of childhood and adolescence, nutritional problems, and highly specific developmental deficits. All of these will be reviewed below.

Refugee children living with their biological parents will almost inevitably acculturate more fully and rapidly than older

members of their families (Williams & Westermeyer, 1983). As noted above, these children frequently find themselves in a double bind between pressures toward accelerated acculturation exerted by school teachers and peers, and pressures toward maintaining their cultural identity and traditional value systems exerted at home. This at a time when, by the very nature of their age, they already are struggling with issues of identity and individuality. This source of stress should by no means be seen as unique to the SEA refugee child. Fradd (1983) reports that mental health professionals working with Cuban refugees in the Dade County area have witnessed significant inter-generational differences in behavioral acculturation within these families, adolescents acculturating far more rapidly than older family members. It is important to realize that inter-generational differences in acculturation are not limited to quantitative differences pertaining to speed of acculturation. There is also a distinct qualitative dissimilarity. In terms of the types of adjustment described above, children and adolescents will usually exhibit either over-acculturation or biculturational processes. The latter are by far more adaptive than the former. In contrast, their elders are more likely to display marginal maladaptive patterns of adjustment. Thus, it is wrong to assume that parents will eventually catch up with their children. If anything, it would seem that these differences are likely to increase. By guiding refugee children toward the more adaptive road of

biculturation, by teaching them to expect and how to cope with differential acculturation, and by instilling in them a respect for their heritage, educators can help take some of the sting out of this problem.

Several psychological and psychologically-based disturbances have been noted in refugee children and adolescents. Sokolof, Carlin and Pham (1984) found excessive levels of nail-biting, irritability, bed-wetting, disturbing dreams, jealousy and fears, in a longitudinal study of Vietnamese refugee children. Benjamin, Van and Benjamin (1983) detected inordinate levels of alienation among Vietnamese adolescents. This most likely reflects an interaction between alienation that is typical of all adolescents and that which is specific to refugees. Two important tendencies emerged in this last study: The authors noted no differences in the degree of alienation between children of urban versus rural origin, and a general reduction in levels of alienation over time. The first finding suggests that differences such as those described above in the acculturation of rural and urban adults are the result of processes that have not yet matured in adolescents. The finding that alienation in adolescents tends to decrease as a function of length of stay in the United States, coupled with Nicassio's (1983) finding that alienation in adults is positively correlated with the extent to which refugees perceive themselves as being different from Americans, suggests that alienation may be a significant marker of adjustment in

refugees of all ages. This contention gains further support from a study conducted by Charron and Ness (1981) where children who reported higher levels of stress tended to be those who did not relate well to their American peers. Aronowitz (1984) identified similar psychological difficulties in children of immigrants, who frequently are involuntary "partners" in their parents' migration.

Refugee children have also been found to display higher incidences of physical disorders. Gallo, Edwards and Vessey (1980) note that nutritional and immunizational deficits are quite frequently seen in newly arrived refugee children. Barry, Craft, Coleman, Coulter and Horwitz (1983) found clinically significant deficits in growth in terms of height for age, and weight for height among SEA refugee children. These and other physical maladies are significant obstacles in the way of refugee adjustment. In addition, when they are extreme, they tend to divert attention from less evident, though no less detrimental, psychological difficulties. In a letter to the editor of Pediatrics, Brazelton (1975) complains that a statement on the health care needs of refugee children, issued by the American Academy of Pediatrics, ignored the issue of long-term psychological risks to Vietnam orphans when analyzing health issues pertaining to these children. Sumpter (1980), describing his experience as a physician at a refugee camp in Thailand, noted that after refugee children's immediate physical needs had

been met many psychosomatic manifestations were uncovered. These two examples underscore the necessity of including a psychological evaluation as part of any general health examination of refugee children who are referred to health clinics. A special effort should be undertaken to inform and alert pediatric nurses and physicians of the psychological vulnerabilities characteristic of most refugee children.

Carlin (1986, 1979) has noted several age-characteristic adjustment difficulties in refugee children. Children age six months to two years possess primarily pre-verbal memories of the trauma they experienced before and during the period of flight. They experience tremendous difficulties in resolving these memories which may persist for years in some cases. Children who were just learning their language during this traumatic period (ages 12 to 36 months) may cease to learn, even exhibiting neurotic behavior such as becoming mute. In those ages two to nine, the key to resolving problems with memories is being able to communicate them effectively. The child needs either a listener who understands his/her language or English-speaking ability. Refugee children between the ages of nine to eighteen must deal with problems of adolescence coupled with cultural identity problems and often exhibit excessive limit-testing. Thus, though there are certain commonalities among refugee children, it is important to be aware of age-dependent differences within this population.

A special sub-group among refugee children that is worthy of particular attention is orphans and unaccompanied minors. Harding and Looney (1977) found that children in refugee camps who had been separated from their parents were at an exceedingly high risk for psychological disorders. Many unaccompanied minors were placed in American foster families. This practice stirred heated debates such as the one conducted over the pages of the American Psychologist between Zigler (1976) who opposed, and McCrohan and Wetterer (1977) who supported Operation "Baby-Lift". Redick and Wood (1982) provide a composite case study of a 17-year-old Vietnamese male to illustrate cultural misunderstandings likely to be experienced by refugee minors and their American foster families. Conflicts surrounded differences between the refugee's cultural customs and those expounded by his American family. The authors note that in such cases, which are not uncommon, conflicts will be successfully resolved only through compromise and a willingness on the part of both parties to learn and adapt to certain characteristics of each other's culture. Any solution in which one side (almost always the refugee) is expected or required to totally disavow their heritage and upbringing is doomed to ultimate failure.

Another subgroup worthy of special mention is Amerasian refugees. These are children of American fathers (usually GIs) and Asian mothers. Nicassio, LaBarbera, Coburn and Finley (1986) report that these children are usually looked down upon by the

Asian community, though they experience psycho-social difficulties similar to those seen in other SEA refugee children. These children are probably even more confused than other refugee children concerning issues of cultural identity and belongingness.

To summarize, refugee children have been confronted with stressors stemming from differential acculturation, physical and psychological disorders, separation from family members, conflicts surrounding adoption into American families, in addition to many of the "adult" stressors described above. At the same time, they have had to deal with "normal" stressors encountered by all children and adolescents in the process of their development. Having surveyed this formidable inventory of difficulties, one might wonder whether refugee children are even capable of achieving normal adjustment. The unequivocal answer is yes; given ample time and conditions to cope with these stressors, most refugee children eventually achieve adequate levels of adjustment. In a recent study, Daly and Carpenter (1985) compared adjustment levels in two groups of Vietnamese youth. The first had been living in foster homes throughout New York state for three years or more. The second group of foster children had been in this country for one-year-and-a-half or less. In interviews and on self-reports the first group demonstrated much higher levels of adjustment manifested by higher self-esteem, a greater feeling of well-being, and fewer fears and anxieties.

Such findings are not to be construed as indicating that with time all will be well. These children had been provided with a warm and encouraging environment which was crucial for working through the difficulties they had encountered. The greater the awareness regarding the nature of these stressors, on the part of mental and general health providers, school counselors and teachers, family service providers and foster parents, the smoother the process of adjustment in refugee children will be.

Concluding Remarks

This paper has spanned a great deal of issues related to refugee adjustment. A variety of stressors has been identified and discussed in an attempt to instill in the reader a greater awareness and understanding of the processes and difficulties experienced by refugees. Though most of the studies cited were conducted with SEA refugees, other studies of World War II, Cuban, Eastern European and African refugees have been shown to yield remarkably similar results. There appears to be a great deal of support for the existence of a refugee experience and for the cross-cultural stability of this phenomenon. Another trend that has emerged in this paper is a tendency, almost a need, to rediscover certain consistencies with every new wave of refugees. As was noted throughout this paper, many of the issues relating to psycho-social adjustment in refugees were identified and

documented during the great influx of World War II refugees. Hopefully, this process will not be repeated with the next wave of refugees. Researchers and practitioners alike should now be convinced of the stability of the phenomena rediscovered in SEA refugees and devote their efforts to devising ways to alleviate the effects of these stressors, rather than wait for their manifestations to surface. Such efforts can of course only be directed toward those stressors that begin after the refugee makes and acts upon the decision to flee.

One might hope that the conclusions and suggestions concerning refugee adjustment that have been listed throughout this paper may be obsolete once the current wave of SEA refugees subsides. However, there are two reasons for discounting such hopes as unrealistic. First, the difficulties of being a refugee last a life-time for some, particularly older refugees. Thus, there is at least one more generation that will have to cope with the multiple adversities described throughout this paper. Second, a brief glance around our troubled globe leaves no room for the optimistic expectation that we have seen the last great wave of refugees. The ever-volatile Middle East, hunger-stricken Africa, the time-bomb in Southern Africa, continuing unrest in Southeast Asia, a loosening of the Soviet grip on Eastern Europe, instability in South America; all of these are potential sources for the next great wave of refugees.

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